



133 Fairfield Street, Saint Albans, Vermont 05478 | 802-524-5911 | 800-696-0321

## CANDIDATE FOR MEMBERSHIP ON THE BOARD OF INCORPORATORS or BOARD OF DIRECTORS

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Your complete City/Town of Residence: \_\_\_\_\_

(e.g. St. Albans **Town**, St. Albans **City**, Richford, Isle la Motte)

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PROFESSION: \_\_\_\_\_

BUSINESS AFFILIATION/PLACE OF WORK: \_\_\_\_\_

POTENTIAL CONFLICT(S) OF INTEREST: \_\_\_\_\_

\_\_\_\_\_

Interested in (check all that apply):  Board of Incorporators  Board of Directors

The **Board of Incorporators** meets in November and May only.

The **Board of Directors** currently meets on the first Wednesday of the month at 5:30 p.m.

Most committee meetings are held on weekday mornings at 7:00 or 7:30 a.m.

Board of Directors candidates: AVAILABLE TO MAKE AT LEAST ONE BOARD MEETING AND  
ONE COMMITTEE MEETING MONTHLY:  YES  NO

DESCRIBE YOUR EXPERIENCES RELATING TO HEALTH CARE REFORM, REGULATIONS,  
AND LEGISLATION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT DO YOU SEE AS MAJOR ISSUES THAT WILL AFFECT THE HOSPITAL IN THE NEXT THREE YEARS?

---

---

---

---

---

WHY ARE YOU INTERESTED IN SERVING ON THE NMC BOARD OF INCORPORATORS and/or BOARD OF DIRECTORS?:

---

---

---

---

---

DESCRIBE YOUR INVOLVEMENT IN OTHER COMMUNITY ACTIVITIES:

---

---

---

---

---

CANDIDATE'S SIGNATURE: \_\_\_\_\_

Please return signed copy to:

**Northwestern Medical Center  
Administration Office  
133 Fairfield Street  
St. Albans VT 05478**